

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000032417

1. Entity Name  
**AIR QUALITY SYSTEMS, INC.**

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90130 038 \*\*\*150.00

Principal Place of Business  
**3543 OLD DIXIE HIGHWAY**  
**MIMS FL 32754**

Mailing Address  
**3543 OLD DIXIE HIGHWAY**  
**MIMS FL 32754**

2. Principal Place of Business  
**3543 OLD DIXIE HIGHWAY**  
Suite, Apt. #, etc.

3. Mailing Address  
**3543 OLD DIXIE HIGHWAY**  
Suite, Apt. #, etc.

City & State  
**MIMS FL**

City & State  
**MIMS FL**

4. FEI Number **65-0831758**

Applied For  
Not Applicable

Zip Country  
**32754 BREVARD**

Zip Country  
**32754 BREVARD**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MOSHER, JEFFREY L**  
**3543 OLD DIXIE HIGHWAY**  
**MIMS FL 32754**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST MOSHER, JEFFREY L 3543 OLD DIXIE HWY MIMS FL 32754</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jeffrey L Mosher  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)